



Michigan Department of Natural Resources – Forest, Mineral and Fire Management

**COMMERCIAL FOREST (CF)  
FOREST MANAGEMENT PLAN CERTIFICATION**

*Required by authority of Part 511 of Act 451 of 1994, as amended.*

*Failure to certify a forest management plan will subject land to declassification from the CF program.*

**INSTRUCTIONS:** This certification form must be completed on both sides by the CF landowner, notarized and returned to the DNR at the address shown on the reverse side. Please print or type.

Primary CF Landowner (Where official correspondence should be sent)		
Name:		Home Telephone: (      )
Address:		Work Telephone: (      )
City:	State:	Zip:
Provide legal land description of your parcel ( <b>Sample:</b> Iron County, T46N, R35W, Section 34, NE 1/4 of SW 1/4):		

Forest Management Plan Certification			
I/We hereby certify that I/we have a written forest management plan in effect for all CF lands that I/we own in Michigan, as required by the CF Statute and Administrative Rules. <input type="checkbox"/> Yes <input type="checkbox"/> No - If NO, please explain below (Owner explanation or comments).			
My forest management plan was prepared and signed by the Registered Forester or Natural Resources Professional named below.			
Name:		Title:	
Address:		Telephone: (      )	Date Signed by Plan Writer:
City:	State:	Zip Code:	Michigan Registered Forester Number (if applicable):
Owner explanation or comments:			

Attest to Certification (Owners Must Sign in Presence of Notary)			
I/we hereby certify to the best of my/our knowledge and belief, the foregoing Forest Management Plan certification is true and correct. I/we also certify that I/we will fully comply with the CF Statute and its Administrative Rules for all lands that are listed under the Statute, and will devote these lands to Commercial Forest management.			
Signed on this _____ day of _____, _____ at _____ City, State			
Primary Owner or Power of Attorney Signature (must indicate type)	Date	Signature Type (check one)	
		<input type="checkbox"/> Primary Owner <input type="checkbox"/> Power of Attorney	
Signature of Additional Owners (All owners must sign in presence of notary)			
1.	Date:	2.	Date:
3.	Date:	4.	Date:
<b>Notarization Required:</b>			
STATE OF MICHIGAN (or STATE OF _____), County of _____;			
On this _____ day of _____, _____ before me the undersigned notary public within and for the said county did personally appear			
_____ (CF landowner name(s))			
to me known to be the same person(s) who executed the foregoing instrument and who acknowledged the same to be his/her/their free act and deed.			

NOTARY BLOCK (Typed or Printed)		
Name		
Signature		
My Commission Expires	Office Telephone (       )	
Address		
City	State	Zip Code

PLEASE SEND THIS COMPLETED CERTIFICATION TO:

COMMERCIAL FOREST PROGRAM  
FOREST, MINERAL and FIRE MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30452  
LANSING MI 48909-7952

DNR USE ONLY	
Owner ID	